



SHIBA HelpLine  
Statewide Health Insurance Benefits Advisors  
**LOCAL OFFICE sponsored by:**

**ATTN: NEW VOLUNTEER APPLICATIONS**

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## SHIBA HelpLine volunteers give and receive

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From volunteering I get the sense that I can make a difference, and I get to make friends. My favorite thing about SHIBA HelpLine is I get to become informed for myself, friends and family as well as for people that need some extra help. The most rewarding aspect of volunteering is giving people hope that there is help for them with day-to-day living and health issues.

– *Mary Talcott, Moses Lake*

The most rewarding aspect of volunteering is feeling good when you have helped someone who is overwhelmed with all the information, and you have helped to make it all clear. SHIBA HelpLine volunteers are like ‘translators’ of the foreign language of insurance terminology.

– *Cheri Lenssen, Skagit County, Mt. Vernon*

My favorite thing about the SHIBA Helpline is that it presents a challenge for me to resolve a problem or offer a solution. It is also an excellent opportunity to connect with people with many and different experiences.

– *Fred L Bauer, King County*

I first became a SHIBA HelpLine volunteer because of my own need to stimulate my mind and stay active in the community. I’m still there nine years later for the same reasons, plus many more. The thanks we get from our clients are very gratifying.

– *Georgena Hanning, Clark County, Vancouver*

# VOLUNTEER APPLICATION



## Yes, I want to volunteer!

If you want to be a SHIBA HelpLine volunteer, fill out the form below and mail it to the address on the back.  
Or call **1-800-562-6900** for the address and phone number of the office nearest you. Make an appointment for an interview and orientation session. You may mail this application or bring it in person.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Best Time to Call: ☐ day ☐ evening

Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine provides health insurance information via volunteers who are not professionals in the field but are trained by the state Insurance Commissioner's Office; and are acting in good faith, without selling, recommending or endorsing any specific insurance product, agent or company. **I am not currently affiliated with any insurance company, agency, or product in any way.**

\_\_\_\_\_  
Signature

Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine ensures the confidentiality of each client.  
**I pledge to keep confidential the details of each personal consumer interaction.**  
**I also pledge to attend all regular and supplemental training required by my role.**  
**I pledge to fill out all paperwork required by my volunteer position.**

\_\_\_\_\_  
Signature

### If choosing counseling as your volunteer role/specialty:

Is there a special skill or area of knowledge/experience that you hope to apply? ☐ YES ☐ NO  
If yes, what is it? \_\_\_\_\_

Topics and/or populations in which I can/would like to specialize: (CHECK ALL THAT APPLY)

☐ Medicare age ☐ Non-Medicare age ☐ ALL AGES

### SPECIALTY VOLUNTEER ROLES:

☐ Public Speaking ☐ Administrative ☐ Outreach ☐ Counseling  
☐ Medical Bills/Forms ☐ Research ☐ Advocacy/Appeals ☐ Computer/Web

### SPECIALTY TOPICS:

☐ Long-Term Care ☐ Fraud/Abuse ☐ Medicaid ☐ Basic Health ☐ Medicare ☐ Rx Drugs  
☐ Disability/Disease: ☐ General ☐ Specific: \_\_\_\_\_

### SPECIALTY CLIENT GROUPS:

☐ Professional groups—e.g. teachers, military, Boeing, veterans (specify): \_\_\_\_\_ ☐ Children  
☐ Rural ☐ Low-Income/Uninsured ☐ Seniors/Medicare Beneficiaries ☐ Pre-retirement  
☐ Disability/Disease Group(s)(specify): \_\_\_\_\_  
☐ Multicultural / English as Second Language (specify language(s) and/or culture(s)): \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

**Mail to:** New Volunteer Applications, SHIBA HelpLine, PO Box 40256, Olympia, WA 98504-0256